

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
Amounts may be rounded to  
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 10/01/2014 through 10/18/2014	Date Stamp 2014 OCT 24 PM 2:18	CALIFORNIA FORM 465 Page 1 of 2 For Official Use Only
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☒ Amendment (Explain Below)

Wrong box checked

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1351756

COMMITTEE/FILER'S NAME  
Residents for Reform

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE H/PO BOX 26, Balboa Island 92662

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714) 540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER CITY OF NEWPORT BEACH

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714) 540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Rush Hill

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member: Newport Beach

SUPPORT OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/08/2014	GreenStripe Media 424 Old Newport Blvd Newport Beach, CA 92663	TEL	10,000.00	22,600.00
10/11/2014	Davis Barber Productions 305 N Harbor Blvd #300C Fullerton, CA 92832	TEL	100.00	22,600.00

FPPC Form 465 (June/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TIME RECEIVED  
October 24, 2014 2:06:16 PM PDT

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DURATION  
79 PAGES

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM <b>465</b> Page <u>2</u> of <u>2</u> I.D. NUMBER (if recipient com.) <u>1351756</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Residents for Reform

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>10,100.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$ <u>10,100.00</u>

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

County of Orange

ADDRESS (NO. AND STREET)

CITY

STATE

ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/2014  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF FILER, TREASURER, OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT